



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

June 22, 2004

Dear EMS Agency:

EMS Agencies and Course Sponsors in the State of New York will be receiving copies of the new version of the New York State Basic Life Support Adult Major Trauma Protocol for Certified First Responders, Emergency Medical Technicians and Advanced Emergency Medical Technicians. This protocol was developed by the State Emergency Medical Advisory Committee and approved by the State EMS Council. This protocol replaces the current T-6, page one protocol. Please replace the old page with this new protocol.

The protocol has been updated to meet the current standard of care within New York State and to reflect national standards. Patient outcome data from the New York State Trauma Registry was used to aid in determining the trauma criteria found within this protocol.

The new protocol can be used immediately. Agencies are required to assure that all of their NYS certified EMS providers have received a copy of the protocol and have been appropriately trained in its use. A Certified Instructor Coordinator or Certified Lab Instructor should be used to train all personnel. An educational and implementation presentation is available on our web site. This presentation may be viewed and/or downloaded and copied to suit your training needs. A copy of the protocol and any future updates can also be found on our web site.

If you have any questions please feel free to contact our Education Unit at (518) 402-0996, ext. 1, 4 or call your Regional DOH EMS Representative.

Sincerely,

Edward G. Wronski  
Director  
Bureau of Emergency Medical Services

cc: REMAC  
Regional EMS Councils

# **Adult Major Trauma**

(Including Traumatic Cardiac Arrest)

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## **Note:**

**Request Advanced Life Support if available.  
Consider Air Medical Transport per regional protocol.  
Do not delay transport to the appropriate hospital.**

**For the purpose of this protocol, major trauma is present if the patient's physical findings or the mechanism of injury meets any one of the following criteria:**

### **PHYSICAL FINDINGS**

1. Glasgow Coma Scale is less than or equal to 13
2. Respiratory rate is less than 10 or more than 29 breaths per minute
3. Pulse rate is less than 50 or more than 120 beats per minute
4. Systolic blood pressure is less than 90 mmHg
5. Penetrating injuries to head, neck, torso or proximal extremities
6. Two or more suspected proximal long bone fractures
7. Suspected flail chest
8. Suspected spinal cord injury or limb paralysis
9. Amputation (except digits)
10. Suspected pelvic fracture
11. Open or depressed skull fracture

### **MECHANISM OF INJURY**

1. Ejection or partial ejection from an automobile
2. Death in the same passenger compartment
3. Extrication time in excess of 20 minutes
4. Vehicle collision resulting in 12 inches of intrusion in to the passenger compartment
5. Motorcycle crash >20 MPH or with separation of rider from motorcycle
6. Falls from greater than 20 feet
7. Vehicle rollover (90 degree vehicle rotation or more) with unrestrained passenger
8. Vehicle vs pedestrian or bicycle collision above 5 MPH

### **HIGH RISK PATIENTS**

**If a patient does not meet the above criteria for Major Trauma, but has sustained an injury and has one or more of the following criteria, they are considered a "High Risk Patient". Consider transportation to a Trauma Center.  
Consider contacting medical control.**

1. Bleeding disorders or patients who are on anticoagulant medications
2. Cardiac disease and/or respiratory disease
3. Insulin dependent diabetes, cirrhosis, or morbid obesity
4. Immunosuppressed patients (HIV disease, transplant patients and patients on chemotherapy treatment)
5. Age >55